



ANDREW M. CUOMO
Governor

Division of Human Rights

JOHNATHAN J. SMITH
Interim Commissioner

*Ortsman-Dowdy P.
T.D.C.*
MARCH - 9 A.M. 4b
DISTRICT ATTORNEY
NEW YORK COUNTY

March 2, 2021

New York County District Attorneys' Office
Attn: Legal Department
One Hogan Place
New York, NY 10013

Re: Annabelle Suarez v. New York County District Attorneys' Office
Case No. 10210950

Enclosed is a copy of a verified complaint filed with the Division of Human Rights against you. This complaint, which alleges an unlawful discriminatory practice in violation of the New York State Human Rights Law, is being served upon you pursuant to Section 297.2 of the Human Rights Law (N.Y. Exec. Law, art. 15).

Please submit a response **in duplicate** to each and every allegation in the complaint, complete the enclosed Respondent Information Sheet, and return the response and Information Sheet to the Division, at the address below, or via e-mail to infoBrooklyn@dhr.ny.gov (see details below), **within fifteen (15) calendar days from the date of this letter**. The response should be a complete statement of Respondent's position. **Any supporting documentation relied upon must be submitted with the response.** The Division will not extend the time for this response, unless good cause is shown in a written application, which must be submitted at least five (5) calendar days prior to the time the response is due. **Please note: Requests for reasonable extensions of time that are shown to be necessary due to circumstances resulting from the COVID-19 pandemic will be granted.**

Instructions for submission by email: A response submitted by email must include the completed Respondent Information Sheet and any supporting documentation relied upon. If supporting documentation cannot be emailed, submission must be by timely mailing two copies of the entire response including documentation; partial submissions will not be accepted as timely. Email attachments must be in *.pdf, *.doc or *.docx format. An email submission must be followed by promptly mailing a single complete copy of the response to the address below.

Request for extension: If you wish to request an extension, your request must be submitted **in writing** via regular mail, fax, or email. The Division will respond in writing; an extension is not granted unless and until you receive written confirmation. Extensions greater than fifteen days will not be approved, nor will the Division grant more than one extension barring extremely compelling circumstances.

Failure to timely respond by mail or e-mail could result in an adverse finding against you, which may be shared with, among others, the Secretary of State, State Attorney General, and the applicable State licensing agencies that govern your business.

Use of email by the Division: The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing, particularly as the Division intends to continue to process cases in a timely fashion during the COVID-19 pandemic. Therefore, **you are required to provide your email address** on the enclosed Respondent Contact Information sheet, and to keep us advised of any change of email address. The Division will not use your email address for any non-case related matters. You can update your email address by emailing us at infoBrooklyn@dhr.ny.gov and referencing the case number.

The Human Rights Law prohibits retaliation against any person because he or she has opposed discriminatory practices, filed a discrimination complaint, or participated in any proceeding before the Division. Human Rights Law § 296.7.

Anyone who willfully resists, prevents, impedes or interferes with the Division's investigation shall be guilty of a misdemeanor punishable by imprisonment, by fine, or by both. Human Rights Law § 299.

As the enclosed information sheet provides, the Division will conduct a prompt investigation, based on the complaint and your response, which may include interviews with your representatives and the collection of documents. The Division expects your full cooperation in this investigation. After the investigation is completed, the Division will make a determination as to whether there is probable cause to believe that unlawful discrimination has occurred. You will be notified of this determination.

Protection of personal privacy: In most cases, you will be expected to submit documents in support of your response to the complaint. The Division observes a personal privacy protection policy consistent with Human Rights Law § 297.8 which governs what information the Division may disclose, and the N.Y. Public Officer's Law § 89 and § 96-a, which prohibit disclosure of social security numbers and limit further disclosure of certain information subject to personal privacy protection. Please redact or remove personal information from any documentation submitted to the Division, unless and until the Division specifically requests any personal information needed for the investigation. The following information should be redacted: the first five digits of social security numbers; dates of birth; home addresses and home telephone numbers; any other information of a personal nature. The following documentation should not be submitted unless specifically requested by the Division: medical records; credit histories; resumes and employment histories. The Division may return your documents if they contain personal information that was not specifically requested by the Division. If you believe that inclusion of any such personal information is necessary to your response, please contact me to discuss before submitting such information.

If you have any questions about the process generally, or how to submit your response, please call me at (718) 722-2856.

Very truly yours,



William LaMot
Regional Director

Enclosures:

Verified Complaint
Respondent Contact Information Form
Information for Respondents

Return to:

**NYS Division of Human Rights
Brooklyn Regional Office
55 Hanson Place, Room 304
Brooklyn, New York 11217**

Re: Annabelle Suarez v. New York County District Attorneys' Office
SDHR NO: 10210950

Correct legal name of Respondent: _____

Federal Employer Identification Number (FEIN): _____

Contact person for this complaint:

Name: _____ Title: _____

Street Address: _____

City/State/Zip: _____ Telephone No: (_____) _____

E-mail address: _____

The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. **Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address.** The Division will not use your email address for any non-case related matters.

Is the firm a publicly traded corporation, privately owned, or a d/b/a? If yes, please indicate:

Publicly traded corporation Privately owned corporation d/b/a

If privately owned or d/b/a, list names and addresses of all individuals who have an ownership interest in the Respondent (attach additional sheets if necessary)

Do you have an attorney for this matter: Yes No If yes:

Attorney Name: _____

Firm: _____

Street Address: _____

City/State/Zip: _____ Telephone No: (_____) _____

Will you participate in settlement/conciliation? Yes No If yes, for this purpose please contact:

Name: _____ Telephone No: (_____) _____

(Settlement discussions will not delay the investigation and participation in settlement does not provide good cause for an extension of time to respond to the complaint.)

Signature _____

Date _____



Division of Human Rights

ANDREW M. CUOMO
Governor

JOHNATHAN J. SMITH
Interim Commissioner

INFORMATION FOR RESPONDENTS CONCERNING COMPLAINT PROCEDURES OF NEW YORK STATE DIVISION OF HUMAN RIGHTS

The New York State Division of Human Rights is a State agency mandated to receive, investigate and resolve complaints of discrimination under N.Y. Executive Law, Article 15 ("Human Rights Law"). The Division's role is to fairly and thoroughly investigate the allegations in light of all evidence gathered.

WHAT TYPES OF COMPLAINTS ARE HANDLED BY THE DIVISION OF HUMAN RIGHTS?

The Human Rights Law forbids discrimination in employment, apprenticeship and training, purchase and rental of housing and commercial space, places of public accommodation, certain educational institutions, and credit transactions. If a person feels that he or she has been discriminated against by reason of race, color, creed, sex, age (not public accommodation), disability, national origin, marital status, familial status (housing only), conviction or arrest record (employment only), genetic predisposition (employment only), military status, or sexual orientation, or because he or she has opposed any practices forbidden under the Human Rights Law, that person may file a complaint with the State Division of Human Rights.

HOW DOES A PERSON FILE A COMPLAINT?

Persons wishing to file a complaint of discrimination may contact the nearest regional office of the Division of Human Rights. The Human Rights Law requires that they must file such a complaint within one year of the alleged unlawful discriminatory act.

WHAT IS THE INVESTIGATIVE PROCEDURE?

The Division represents neither the Complainant nor the Respondent. The Division pursues the State's interest in the proper resolution of the matter in accordance with the Human Rights Law. Complainant and Respondent can retain private counsel to represent them during the investigation, but such representation is not required.

Upon receipt of a complaint, the regional office will:

- Notify the Respondent(s). (A Respondent is a person or entity about whose action the Complainant complains.)
- Resolve issues of questionable jurisdiction.

INFORMATION FOR RESPONDENTS

CONCERNING COMPLAINT PROCEDURES OF THE NYS DIVISION OF HUMAN RIGHTS

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- Forward a copy of the complaint to the U.S. Equal Employment Opportunity Commission (EEOC) or the U.S. Department of Housing and Urban Development (HUD), where applicable. Such federal filing creates a complaint separate and apart from the complaint filed with the Division, although in most cases only one investigation is conducted pursuant to work-sharing agreements with these federal agencies.
- Investigate the complaint through appropriate methods (written inquiry, field investigation, witness interviews, requests for documents, investigatory conference, etc.), in the discretion of the Regional Director. The investigation of the complaint is to be objective.
- Allow the parties to settle the matter by reaching agreement on terms acceptable to the Complainant, Respondent and the Division. The Division will allow settlement from the time of filing until the matter reaches a final resolution.
- Determine whether or not there is probable cause to believe that an act of discrimination has occurred, if the matter cannot be settled prior to that Determination. The Division will notify the Complainant and Respondent in writing of the Determination.

You, or your attorney, may review the Division's file in this matter, and may copy by hand any material in the file, or obtain photocopies at a nominal charge. The Complainant in this matter has the same right to review the file.

WHAT IS THE DIVISION'S POLICY ON ADJOURNMENTS AND EXTENSIONS?

It is the Division's policy to investigate all cases promptly and expeditiously. Therefore, you are expected to cooperate with the investigation fully and promptly. No deadlines will be extended at any time during the investigation, unless good cause is shown in a written application submitted at least five (5) calendar days prior to the original deadline. Failure to comply could result in an adverse finding against you, which would be shared with, among others, the Secretary of State and the applicable State licensing agencies that govern your business.

WHAT IS THE PROCEDURE FOLLOWING THE INVESTIGATION?

If there is a Determination of no probable cause, lack of jurisdiction, or any other type of dismissal of the case, the Complainant may appeal to the State Supreme Court within 60 days.

If the Determination is one of probable cause, there is no appeal to court. The case then proceeds to public hearing before an Administrative Law Judge. Under Rule 465.20 (9 N.Y.C.R.R. § 465.20), the Respondent may ask the Commissioner of Human Rights within 60 days of the finding of probable cause to review the finding of probable cause. Such application should be sent to the General Counsel of the Division and to the Complainant, and Complainant's attorney, if any.

WHAT IS A PUBLIC HEARING?

A public hearing, pursuant to the Human Rights Law, is a trial-like proceeding at which relevant evidence is placed in the hearing record. It is a hearing de novo, which means that the Commissioner's final decision on the case is based solely on the content of the hearing record. The public hearing is presided over by an Administrative Law Judge, and a verbatim transcript is made of the proceedings.

The hearing may last one or more days, not always consecutive. Parties are notified of all hearing sessions in advance, and the case may be adjourned to a later date only for good cause.

**INFORMATION FOR RESPONDENTS
CONCERNING COMPLAINT PROCEDURES OF THE NYS DIVISION OF HUMAN RIGHTS**
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Respondent can retain private counsel for the hearing, and, if Respondent is a corporation, is required to be represented by legal counsel. The Complainant can retain private counsel for the hearing, but is not required to do so. If Complainant is not represented by private counsel, the Division's counsel prosecutes the case in support of the complaint. Attorneys for the parties or for the Division may issue subpoenas for documents and to compel the presence of witnesses.

At the conclusion of the hearing sessions, a proposed Order is prepared by the Administrative Law Judge and is sent to the parties for comment.

A final Order is issued by the Commissioner. The Commissioner either dismisses the complaint or finds discrimination. If discrimination is found, Respondent will be ordered to cease and desist and take appropriate action, such as reinstatement, training of staff, or provision of reasonable accommodation of disability. The Division may award money damages to Complainant, including back pay and compensatory damages for mental pain and suffering, and in the case of housing discrimination, punitive damages, attorney's fees and civil fines and penalties. A Commissioner's Order may be appealed by either party to the State Supreme Court within 60 days. Orders after hearing are transferred by the lower court to the Appellate Division for review.

WHAT IS A COMPLIANCE INVESTIGATION?

The compliance investigation unit verifies whether the Respondent has complied with the provisions of the Commissioner's Order. If the Respondent has not complied, enforcement proceedings in court may be brought by the Division.

NOTICE PURSUANT TO PERSONAL PRIVACY PROTECTION LAW

Pursuant to the Human Rights Law, the Division collects certain personal information from individuals filing complaints and from those against whom a complaint has been filed. The information is necessary to conduct a proper investigation; failure to provide such information could impair the Division's ability to properly investigate the matter. This information is maintained in a computerized Case Management System maintained by the Division's Director of Information Technology, who is located at One Fordham Plaza, Bronx, New York, (718) 741-8365.

PENAL PROVISION OF THE HUMAN RIGHTS LAW

The Human Rights Law contains the following penal provision:

“Any person, employer, labor organization or employment agency, who or which shall willfully resist, prevent, impede or interfere with the division or any of its employees or representatives in the performance of duty under this article, or shall willfully violate an order of the division or commissioner, shall be guilty of a misdemeanor and be punishable by imprisonment in a penitentiary, or county jail, for not more than one year, or by a fine of not more than five hundred dollars, or by both; but procedure for the review of the order shall not be deemed to be such willful conduct.”
Human Rights Law § 299.

GENERAL INFORMATION

For a more detailed explanation of the process, see the Division's Rules of Practice (9 N.Y.C.R.R. § 465) available on our website www.dhr.ny.gov. If you have any additional questions about the process, the investigator assigned to the case will be available to answer most questions.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
 New York District Office
 33 Whitehall Street, 5th Floor
 New York, New York 10004-2112

TO:
 New York County District Attorneys' Office
 Attn: Legal Department
 One Hogan Place
 New York, NY 10013

PERSON FILING CHARGE:
 Annabelle Suarez
 THIS PERSON (Check one):
 Claims to be aggrieved [x]
 Files on behalf of other(s) []
 DATE OF ALLEGED VIOLATION:
 10/28/2020
 PLACE OF ALLEGED VIOLATION:
 New York County
 EEOC CHARGE NUMBER:
 16GC101094
 FEPA CHARGE NUMBER:
 10210950

NOTICE OF CHARGE OF DISCRIMINATION WHERE AN FEP AGENCY WILL INITIALLY PROCESS

YOU ARE HEREBY NOTIFIED THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- Title VII of the Civil Rights Act of 1964
- The Age Discrimination in Employment Act of 1967 (ADEA)
- The Americans with Disabilities Act (ADA)

HAS BEEN RECEIVED BY: The New York State Division of Human Rights (FEP Agency) and sent to the EEOC for dual filing purposes.

While the EEOC has jurisdiction (upon expiration of any deferral requirements if this is a Title VII or ADA charge) to investigate this charge, EEOC may refrain from beginning an investigation and await the issuance of the FEP Agency's final findings and orders. These final findings and orders will be given weight by EEOC in making its own determination as to whether or not reasonable cause exists to believe that the allegations made in the charge are true.

You are therefore encouraged to cooperate fully with the FEP Agency. All facts and evidence provided by you to the Agency in the course of its proceedings will be considered by the Commission when it reviews the Agency's final findings and orders. In many instances the Commission will take no further action, thereby avoiding the necessity of an investigation by both the FEP Agency and the Commission. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final decision and order of the above named FEP Agency. For such a request to be honored, you must notify the Commission in writing within 15 days of your receipt of the Agency's issuing a final finding and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by the Commission.

For further correspondence on this matter, please use the charge number(s) shown.

- An Equal Pay Act investigation (29 U.S.C. §206(d)) will be conducted by the Commission concurrently with the FEP Agency's investigation of the charge.
- Enclosure: Copy of the Charge

BASIS FOR DISCRIMINATION: Disability

CIRCUMSTANCES OF ALLEGED VIOLATION:
 SEE ATTACHED N.Y.S. DIVISION OF HUMAN RIGHTS COMPLAINT

DATE: March 2, 2021

TYPED NAME OF AUTHORIZED EEOC OFFICIAL:
 Kevin J. Berry

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office
33 Whitehall Street, 5th Floor
New York, New York 10004-2112

Annabelle Suarez
301 East 66th Street, Apt 7B
New York, NY 10065

EEOC Charge Number: 16GC101094
NYSDHR Case Number: 10210950

NOTICE

This office has been informed that you filed a complaint of employment discrimination with the New York State Division of Human Rights (NYSDHR). The purpose of this notice is to inform you of your federal rights pursuant to one or more of the statutes under which you may have filed. Please be advised that your complaint will be investigated by the New York State Division of Human Rights, not the Federal Equal Employment Opportunity Commission (EEOC). All questions, correspondence and status reports with regard to your case must be directed to the New York State Division of Human Rights office where your complaint was filed.

YOUR FEDERAL RIGHTS (if you filed under):

- [X] Title VII of the Civil Rights Act of 1964, as amended – If you want to file a private lawsuit in federal district court with your own private attorney because you do not want the New York State Division of Human Rights to conduct an investigation, you may request from the EEOC a Notice of Right to Sue, 180 days after you have filed your complaint. Once the EEOC grants your request, it is only valid for ninety (90) days from the date the Notice was issued, after which your time to sue expires. If you want the New York State Division of Human Rights to conduct an investigation, you do not need to make this request, or to contact or write either agency. The New York State Division of Human Rights will contact you and/or advise you in the near future of their investigation and determination findings.
- [] The Americans with Disabilities Act of 1990 (ADA) – Same as Title VII, above.
- [] The Age Discrimination in Employment Act of 1967, as amended (ADEA) – If you want to file a private lawsuit with your own private attorney, you could do so any time after 60 days from the date you filed your complaint with the New York State Division of Human Rights. This is only if you do not want the New York State Division of Human Rights to conduct an investigation, otherwise you do not need to do anything at this time. The New York State Division of Human Rights will contact you and/or advise you in the near future of their investigation and determination findings.

Date: March 2, 2021

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

ANNABELLE SUAREZ,

Complainant,

v.

NEW YORK COUNTY DISTRICT ATTORNEYS'
OFFICE,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.

10210950

Federal Charge No. 16GC101094

I, Annabelle Suarez, residing at 301 East 66th Street, Apt 7B, New York, NY 10065, charge the above named respondent, whose address is One Hogan Place, New York, NY, 10013 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of disability.

Date most recent or continuing discrimination took place is 10/28/2020.

The allegations are: See attached complaint

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of disability, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

**New York State Division of Human Rights
Employment Complaint Form**

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:

First Name ANNABELLE	Middle Initial/Name	
Last Name SUAREZ		
Street Address/ PO Box 301 East 66th Street	Apt or Floor #: 7B	
City New York	State NY	Zip Code 10065
If you are filing on behalf of another, provide the name of that person: N/A	Date of birth: 5/2/1959	Relationship:

2. Regulated Areas: Check the area where the discrimination occurred:

(If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Employment (<i>including paid internship</i>) | <input type="checkbox"/> by a Labor Organization |
| <input type="checkbox"/> Internship (<i>unpaid</i>) | <input type="checkbox"/> Apprentice Training |
| <input type="checkbox"/> Contract Work (<i>independent contractor, or work for a contractor</i>) | <input type="checkbox"/> by a Temp or Employment Agency |
| <input type="checkbox"/> Volunteer Position | <input type="checkbox"/> Licensing |

3. You are filing a complaint against:

Employer, Worksite, Agency or Union Name

NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE

Street Address/ PO Box

1 Hogan Place

City New York	State NY	Zip Code 10013
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Telephone Number:

(212) 335-9000 Ext.

In what county or borough did the violation take place?

New York

Individual people who discriminated against you:

Name: N/A

Title: _____

Name: _____

Title: _____

If you need more space, please list them on a separate piece of paper.

4. Date of alleged discrimination (must be within one year of filing):

The most recent act of discrimination happened on: 10 28 2020
month day year

5. For employment and internships, how many employees does this company have?

- 1-14 15-19 20 or more Don't know

6. Are you currently working for this company?

<input checked="" type="checkbox"/> Yes. Date of hire:	9 month	8 day	1997 year	What is your position? Sr. Witness Aid Social Services Advocate	
<input type="checkbox"/> No. Last day of work:	_____	month	day	year	What was your position?
<input type="checkbox"/> I was never hired. Date of application:	_____	month	day	year	What position did you apply for?

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Familial Status:
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input checked="" type="checkbox"/> Disability: failure to grant reasonable accommodation Please specify: heart/pulmonary	<input type="checkbox"/> Predisposing Genetic Characteristic:
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog	

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

- Retaliation:** How did you oppose discrimination: _____
- If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.
- Relationship or association**

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other: _____

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

SEE ATTACHED

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

PARTICULARS OF DISCRIMINATION:

1. Since in or about 1997, I have been continuously employed by the New York County District Attorney's Office ("DANY").
2. At all relevant times I have held the position of Senior Witness Aid Social Services Advocate, Witness Aid Victim Notification Specialist in DANY.
3. Since approximately September 2016, I have been a union-delegate of our Union, Social Service Employees Union, Local 371, representing my co-workers in work-related issues in the DANY.
4. In or about March 20, 2020, due to the pandemic, I and other workers in my unit were placed on a work-from-home schedule. Under that work-from-home schedule we performed our duties with two of us coming into the office each day on a rotating schedule. Under that schedule, everyone in the unit was scheduled to be working in the office approximately six days per month and working home for the remaining days of the month.
5. In or about October 2020, I submitted to the DANY a request for a reasonable accommodation in the format specified by the DANY to work from home every day because of my heart and pulmonary conditions described in the medical documentation submitted with the request. A copy of said request and supporting medical documentation is annexed hereto as Exhibit "A".
6. On or about October 28, 2020, I participated in a teleconference with Nitin Savur, EEO Officer and Disability Coordinator for the DANY, and George Argyros, Director of Human Resources and EEO Compliance Coordinator for the DANY. During that teleconference I was informed by Mr. Savur and Mr. Argyros that my request for a reasonable accommodation to work from home every day had been granted by the DANY.
7. But on the same date, I received an email message from Ina Chen, HCMS Analytics and Employee Engagement Analyst, EEO Program Compliance, Reasonable Accommodation & PESH Coordinator for the DANY, stating that my "...request for Family First Coronavirus Response Act/Family Medical Leave Act leave was approved by our EEO Office and our Human Resources Department". The email message further informed me that: (a) to use this benefit I would be included in the schedule of employees who were assigned to an office location; (b) on the days I was assigned to report to an office location I could take FFCRA/FMLA leave; and (c)

that I could claim the first ten days of FFCRA/FMLA leave as excused leave, without charge to my leave balances, but after the first ten days of excused leave I would be required to use my leave balances in order to be paid. A copy of said email message is annexed hereto as Exhibit "B".

8. Annexed hereto as Exhibit "C" is a calendar issued by the DANY for the month of January 2021, which reflects the days on which I have been assigned to work in the office (January 5, 8, 12, 19, 22, and 26, 2021). In order not to come into the office on those days I was and will continue to be required to use/deduct from my personal-accrued-leave-balance in order to be paid for that time.

9. If my request for a reasonable accommodation had been granted, I would be able to work from home on those days as well as the days I am regularly scheduled to work from home and I would be paid for those days without charge to my leave balances.

10. The job duties I perform can all be performed from home, as I do on all the days when I am scheduled, along with the other employees in my unit, to work from home. Had my request for a reasonable accommodation referred to above been granted, which I was verbally informed it had been, I would have been permitted to work from home and be paid for such work on the days that I am scheduled to come into the office.

11. For the reasons set forth above, I am being discriminated against by not being provided with a reasonable accommodation for my disability, in violation of the New York State Human Rights Law.

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.(If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Sign your full legal name

Subscribed and sworn before me
This 26 day of Feb 2021

Signature of Notary Public

County:

Commission expires:

JEFFREY L. KREISBERG
Notary Public-State of New York
No. 02KR4962731
Qualified in New York County
Commission Expires Feb. 26, 2022

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.

A



**NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
REASONABLE ACCOMMODATION REQUEST (RAR)
REQUEST FOR MEDICAL INFORMATION FORM**

Please print the following information:

First name: ANNABELLE Last Name: SUAREZ
 Position: senior victim specialist Bureau/Unit: WASU NOTIFICATIONS
 Office Telephone #: 212-335-9521 Home or Cell #: 646-707-4606

INSTRUCTIONS FOR MEDICAL PROVIDER

Your patient has requested that the New York County District Attorney's Office (DANY) provide him/her with a reasonable accommodation/modification. Please provide a detailed description of the specific physical and/or mental condition(s) that affects the patient's ability to perform certain tasks and engage in certain activities, any reasonable accommodation/modification needed and the relationship between the accommodation/modification and the patient's impairment.

*has chronic SOB: having W/U p. including
shortness of breath - no seen as pulmonologist*

Dr Kerner
You may attach additional medical information to the forms as needed. Please return this completed form to the patient.

Please state patient's medical and/or mental condition(s):

- pulmonary
- SOB
- Thyroid disease

Please provide a detailed description of the specific physical and/or mental health restrictions/limitations affecting the patient's ability to perform certain tasks and engage in certain activities. Please describe how the impairment affects the patient's daily functioning.

*Significant
has chronic SOB, no limitation. No seen
Pr Kerner, pulmonology at NYH*

Indicate whether the patient's condition(s) is permanent, chronic or temporary. If the patient's condition(s) is temporary, please state its anticipated duration:

Chronic SOB. No seen pulmonologist

is having shortness of breath

likely temporary - unknown duration

Indicate what treatment if any the patient is currently receiving associated with his/her medical and/or mental health conditions(s) including, but not limited to, any medication or therapy.

*having a stress test
had seen pulmonologist*

Please describe the reasonable accommodation/modification needed by the patient and the relationship between it and client's medical and/or mental health conditions.

*She should work from home until
diagnosis is determined, high risk avoid*

Do not complete this area. To be Completed by Director of Human Resources Only

Request received by: _____ Date: _____



NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
REASONABLE ACCOMMODATION REQUEST (RAR)
REQUEST FOR MEDICAL INFORMATION FORM

Does the patient's physical and/or mental health condition(s) make it difficult for the patient to perform the following activities? (If so, please fully describe the difficulties the patient has for each checked box):

Walking and/or Climbing Stairs. Describe: *get some SOB
on respiration*

Traveling and/or Taking Public Transportation. Describe: *none where able*

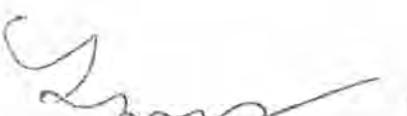
Cognitive Functions (i.e. concentrating, remembering, understanding). Describe:

Sitting or Standing for extended periods of time. Describe:

Being in crowded places. Describe: *phobia about the
in crowded place due to Covid -*

A. OTHER:

Please provide any additional information that might be useful in processing this accommodation request:



MEDICAL PROVIDER'S SIGNATURE

NY 154558

LICENSE NUMBER

NO 2023

DATE

RETURN FORM TO DIRECTOR OF HUMAN RESOURCES

Do not complete this area. To be Completed by Director of Human Resources Only

Request received by: _____ Date: _____



**Mount
Sinai
Heart**

Lynne A. Glasser, MD, FACP, FACC
Director, Interventional In-Patient Service
Assistant Professor of Medicine

The Zena and Michael A. Wiener
Cardiovascular Institute

The Marie-Josée and Henry R. Kravis
Center for Cardiovascular Health

Telephone: 212-241-4521
Fax: 212-241-7966
Cell: 347-585-7233 / 917-742-6942
Email: lynne.glasser@mountsinai.org

Mount Sinai
1190 5th Avenue, GPI Center
Box 1030
New York, NY 10029-6574

October 14, 2020

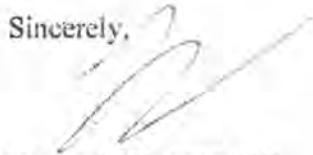
RE: Suarez, Annabelle
MRN: 249075
DOB: 05/02/1959

To Whom It May Concern,

Ms. Annabelle Suarez is under my care because of shortness of breath. The patient has chronic shortness of breath and in fact has seen a pulmonologist at New York, Dr. Kaner in New York Hospital. She has a history of thyroid disease. On the last office visit, she was found to be hypertensive. She is in the process of undergoing a cardiac workup including a stress test. At this point, she should work from home as the risk of complications from the COVID virus may be increased until the diagnosis is determined. If you have any further questions, please do not hesitate to call me.

Once again, thank you.

Sincerely,


Lynne A. Glasser, MD.

Request RA20201026203636
Number

Status Draft

Prior to receiving final approval on your request, make sure that all medical documents are sent to HumanResources@dany.nyc.gov. Until then, the request will remain as "Pending".

Name Suarez, Annabelle

Bureau WASU Notifications/Property Release

Title Senior Victim Notifications Specialist 3

Location One Hogan Place

Additional Information

Civil Service Title

Phone 9521

Supervisor Woodberry, Renee

Other Phone x3787

Basis of Reasonable Accommodation Request

Reason for Request	<input checked="" type="radio"/> Disability	<input checked="" type="radio"/> Religion
	<input checked="" type="radio"/> Other	<input checked="" type="radio"/> Status as Victim of Domestic Violence, Sex Offenses, Stalking
	<input checked="" type="radio"/> Pregnancy	

Other High Risk category for contracting Covid-19

Request Type *	<input checked="" type="radio"/> Attire	<input checked="" type="radio"/> Furniture
	<input checked="" type="radio"/> IT (Equipment)	<input checked="" type="radio"/> Leave Request
	<input checked="" type="radio"/> Modified Workplace Practice, Policy and/or Procedure	<input checked="" type="radio"/> Other
	<input checked="" type="radio"/> Reassignment	<input checked="" type="radio"/> Schedule Change

Other Remote work requested

What is the status of the condition?	<input checked="" type="radio"/> Permanent	<input checked="" type="radio"/> Temporary	<input checked="" type="radio"/> Unknown
--------------------------------------	--	--	--

Identify the situation which requires accommodation and the condition status *

Due to ongoing, chronic respiratory health status, I am at an increased risk for severe illness from Covid-19.

Attachments

NOTE: Do not attach any medical documentation to this form. All medical information should be sent to HumanResources@dany.nyc.gov. Include the Reasonable Accommodation Form request number in the email subject line.

Please describe how this reasonable accommodation request will assist you perform day-to-day functions in your position

Notification's dept. work productivity will increase when free from exposure to environmental toxins including Covid-19 exposure ,a currently recognized airborn contagion.

For Reasonable Accommodations based on Disability you may be required to provide verification by a Health professional or a disability service provider (e.g. ACCESS-VR, NYS Commission for the Blind and Visually Impaired).

This CONFIDENTIAL documentation should be provided to the Disabilities Rights Coordinator or EEO Officer.

Documentation must:

- Be written on the official letterhead of the qualified health professional or health professional's organization.
- Identify the health professional's credentials, e.g., M.D., D.O.
- Be dated and signed by the health professional
- Describe the severity of the disability and its limitations in detail as they currently exist and only in relationship to the job.
- State whether the duration of disability is permanent or temporary or unknown
- If temporary, specify the date the disability is expected to no longer require accommodation
- Indicate the extent to which the accommodation will permit you to perform the essential functions of the job or to enjoy the benefits and privileges of employment.

Agree I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Date Monday, October 26, 2020

Comments

[Close](#)

Audit History

Action



Robert J. Kaner, MD
Associate Professor of Medicine
Pulmonary and Critical Care Medicine

425 East 61st Street
Suite 402
New York, NY 10065

NewYork-Presbyterian
Weill Cornell Medical Center

Phone: 646-962-2333
Fax: 646-962-0330

June 10, 2020

Re: Ms. Annabelle Suarez DOB: 5/2/1959

To whom it may concern:

I had the pleasure of seeing my patient, Annabelle Suarez, on 6/10/2020. She is undergoing a medical workup for investigation of pulmonary symptoms. Pending the results of this testing, I am recommending that she work remotely until the test results are available and her risk of contracting COVID-19 can be fully evaluated.

Should you have any questions regarding this patient please feel free to contact me at any time.

Sincerely,

A handwritten signature in black ink that appears to read "Robert J. Kaner".

Robert J. Kaner, MD

B

Elrico Yuan

Human Resources
New York County District Attorney's Office

212-335-9837

From: Chen, Ina
Sent: Wednesday, October 28, 2020 11:31 AM
To: Suarez, Annabelle <SuarezA@dany.nyc.gov>
Cc: Gilchrist, Beverly <GilchristB@dany.nyc.gov>; Silvie, Mildred <SilvieM@dany.nyc.gov>; Woodberry, Renee <WoodberryR@dany.nyc.gov>; Savur, Nitin <SavurN@dany.nyc.gov>; Argyros, George <argyros@[dany.nyc.gov](#)>; Cunningham, Patricia <CUNNINGHAMK@dany.nyc.gov>; Isaac, Steven

<IsaacS@dany.nyc.gov>; Chan, David
<CHAND@dany.nyc.gov>; Iznyuk, Mark
<IznyukM@dany.nyc.gov>

Subject: FFCRA/FMLA ---- Approved

Good afternoon Annabelle,

Please be advised that your request for Family First Coronavirus Response Act/Family Medical Leave Act leave was approved by our EEO Officer and our Human Resources Department.

To use this benefit, you must be included in the schedule of employees who are assigned to report to an office location.

On the days, you are assigned to report to an office location,

you may take FFCRA/FMLA leave.

In Citytime you may claim the first ten days of your FFCRA/FMLA leave as excuse leave. This means your leave balances will not be charged for the first ten days. In Citytime the first ten days can be charged as "excuse leave/other."

After the first ten days of excused leave, you will be advised to use sick leave for any additional leave incidents. If you do not have any sick leave balances available, you will use your annual leave.

If you do not have sick or annual leave balances available, the office will advance you up to 30 days of leave.

HR Payroll Supervisor, Mark Iznyuk is readily available to assist with any of your Citytime questions.

You are not expected to telework on the days you are on FFCRA/FMLA leave.

Should you require additional guidance or have any FFCRA/FMLA benefit questions please email Human Resources.

Thank you,

Ina Chen

HCMS Analytics and Employee Engagement Analyst

EEO Program Compliance, Reasonable Accommodation & PESH Coordinator

New York County District Attorney's Office | Human Resources Department

40 Worth Street SE 901 | Office: (212) 335-9266 | Cell: (347) 366-2260

This email communication and any files transmitted with it contain privileged and confidential information from the New York County District Attorney's Office and are intended solely for the use of the individuals or entity to whom it has been addressed. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this email is strictly prohibited. If you have received this email in error, please delete it and notify the sender by return email.

C

January 2021

In Office/ Follow Up/ Late Night Schedule

Sun	Mon	Tue	Wed	Thu	Fri	Sat					
27	In Office: Marie, Steven, Sofia Late Night: Carisa	28	In Office: Marie, Carisa, Sabrina, Annabelle Follow Up: Neerasha Late Night: Neerasha	29	In Office: Diane S. & Steven Follow Up: Carisa Late Night: Sofia TOPS: Diane J.	30	In Office: Mildred, Diane S., Sofia Follow Up: Sofia Late Night: Cancelled	31		1	2 TOPS: Diane J.
3	In Office: Marie, Steven, Sofia Late Night: Diane S.	4	In Office: Renee, Carisa, Sabrina, Annabelle Follow Up: Diane S. Late Night: Neerasha	5	In Office: Diane S. & Steven Follow Up: Steven Late Night: Annabelle TOPS: Diane J.	6	In Office: Mildred, Diane S., Carisa Follow Up: Annabelle Late Night: Sabrina	7	In Office: Sabrina, Annabelle Follow Up: Sabrina	8	9 TOPS: Diane J.
10	In Office: Marie, Steven, Sofia Late Night: Carisa	11	In Office: Renee, Carisa, Sabrina, Annabelle Follow Up: Neerasha Late Night: Sofia	12	In Office: Diane S. & Steven Follow Up: Sofia Late Night: Annabelle TOPS: Diane J.	13	In Office: Diane S. & Steven Follow Up: Carisa Late Night: Steven	14	In Office: Mildred, Diane S., Carisa Follow Up: Carisa Late Night: Steven	15	16 TOPS: Diane J.
17	18	In Office: Renee, Carisa, Sabrina, Annabelle Follow Up: Steven Late Night: Diane S.	19	In Office: Diane S. & Steven Follow Up: Sabrina Late Night: Annabelle TOPS: Diane J.	20	In Office: Diane S. & Steven Follow Up: Annabelle Late Night: Sabrina	21	In Office: Mildred, Diane S., Carisa Follow Up: Annabelle Late Night: Steven	22	23 TOPS: Diane J.	
24	In Office: Marie, Steven, Sofia Late Night: Neerasha	25	In Office: Renee, Carisa, Sabrina, Annabelle Follow Up: Sofia Late Night: Sofia	26	In Office: Diane S. & Steven Follow Up: Diane S. Late Night: Carisa TOPS: Diane J.	27	In Office: Diane S. & Steven Follow Up: Carisa Late Night: Steven	28	In Office: Diane S., Carisa Follow Up: Steven Late Night: Steven	29	30 TOPS: Diane J.

Office Hours

Marie: 8am-4pm
Sofía: 8am-4pm
Carisa: 8am-4pm
Diane S: 8:30am-4:30pm

Steven: 8am-4pm
Sabrina: 8:30-4:30pm
Mildred: 7:30am-3:30pm
Renee: 9am-5pm



KATHY HOCHUL
Governor

Division of Human Rights

LICHA M. NYIENDO
Commissioner

September 21, 2021

New York County District Attorneys' Office
Attn: Nicole Ortsman-Daver, EEO officer
One Hogan Place
New York, NY 10013

Re: Annabelle Suarez v. New York County District Attorneys' Office
Case No. 10213413

Enclosed is a copy of a verified complaint filed with the Division of Human Rights against you. This complaint, which alleges an unlawful discriminatory practice in violation of the New York State Human Rights Law, is being served upon you pursuant to Section 297.2 of the Human Rights Law (N.Y. Exec. Law, art. 15).

Please submit a response **in duplicate** to each and every allegation in the complaint, complete the enclosed Respondent Information Sheet, and return the response and Information Sheet to the Division, at the address below, or via e-mail to infoBrooklyn@dhr.ny.gov (see details below), **within fifteen (15) calendar days from the date of this letter**. The response should be a complete statement of Respondent's position. **Any supporting documentation relied upon must be submitted with the response.** The Division will not extend the time for this response, unless good cause is shown in a written application, which must be submitted at least five (5) calendar days prior to the time the response is due. **Please note: Requests for reasonable extensions of time that are shown to be necessary due to circumstances resulting from the COVID-19 pandemic will be granted.**

Instructions for submission by email: A response submitted by email must include the completed Respondent Information Sheet and any supporting documentation relied upon. If supporting documentation cannot be emailed, submission must be by timely mailing two copies of the entire response including documentation; partial submissions will not be accepted as timely. Email attachments must be in *.pdf, *.doc or *.docx format. An email submission must be followed by promptly mailing a single complete copy of the response to the address below.

Request for extension: If you wish to request an extension, your request must be submitted **in writing** via regular mail, fax, or email. The Division will respond in writing; an extension is not granted unless and until you receive written confirmation. Extensions greater than fifteen days will not be approved, nor will the Division grant more than one extension barring extremely compelling circumstances.

Failure to timely respond by mail or e-mail could result in an adverse finding against you, which may be shared with, among others, the Secretary of State, State Attorney General, and the applicable State licensing agencies that govern your business.

Use of email by the Division: The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing, particularly as the Division intends to continue to process cases in a timely fashion during the COVID-19 pandemic. Therefore, **you are required to provide your email address** on the enclosed Respondent Contact Information sheet, and to keep us advised of any change of email address. The Division will not use your email address for any non-case related matters. You can update your email address by emailing us at infoBrooklyn@dhr.ny.gov and referencing the case number.

The Human Rights Law prohibits retaliation against any person because he or she has opposed discriminatory practices, filed a discrimination complaint, or participated in any proceeding before the Division. Human Rights Law § 296.7.

Anyone who willfully resists, prevents, impedes or interferes with the Division's investigation shall be guilty of a misdemeanor punishable by imprisonment, by fine, or by both. Human Rights Law § 299.

As the enclosed information sheet provides, the Division will conduct a prompt investigation, based on the complaint and your response, which may include interviews with your representatives and the collection of documents. The Division expects your full cooperation in this investigation. After the investigation is completed, the Division will make a determination as to whether there is probable cause to believe that unlawful discrimination has occurred. You will be notified of this determination.

Protection of personal privacy: In most cases, you will be expected to submit documents in support of your response to the complaint. The Division observes a personal privacy protection policy consistent with Human Rights Law § 297.8 which governs what information the Division may disclose, and the N.Y. Public Officer's Law § 89 and § 96-a, which prohibit disclosure of social security numbers and limit further disclosure of certain information subject to personal privacy protection. Please redact or remove personal information from any documentation submitted to the Division, unless and until the Division specifically requests any personal information needed for the investigation. The following information should be redacted: the first five digits of social security numbers; dates of birth; home addresses and home telephone numbers; any other information of a personal nature. The following documentation should not be submitted unless specifically requested by the Division: medical records; credit histories; resumes and employment histories. The Division may return your documents if they contain personal information that was not specifically requested by the Division. If you believe that inclusion of any such personal information is necessary to your response, please contact me to discuss before submitting such information.

If you have any questions about the process generally, or how to submit your response, please call me at (718) 722-2856.

Very truly yours,



William LaMot
Regional Director

cc: New York County District Attorneys' Office
40 Worth Street
New York, NY 10013

Enclosures:
Verified Complaint
Respondent Contact Information Form
Information for Respondents

Respondent Contact Information

Return to:

**NYS Division of Human Rights
Brooklyn Regional Office
55 Hanson Place, Room 304
Brooklyn, New York 11217**

Re: Annabelle Suarez v. New York County District Attorneys' Office
SDHR NO: 10213413

Correct legal name of Respondent: _____

Federal Employer Identification Number (FEIN): _____

Contact person for this complaint:

Name: _____ Title: _____

Street Address: _____

City/State/Zip: _____ Telephone No: (_____) _____

E-mail address: _____
 The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. **Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address.** The Division will not use your email address for any non-case related matters.

Is the firm a publicly traded corporation, privately owned, or a d/b/a? If yes, please indicate:

Publicly traded corporation Privately owned corporation d/b/a

If privately owned or d/b/a, list names and addresses of all individuals who have an ownership interest in the Respondent (attach additional sheets if necessary)

Do you have an attorney for this matter: Yes No If yes:

Attorney Name: _____

Firm: _____

Street Address: _____

City/State/Zip: _____ Telephone No: (_____) _____

Will you participate in settlement/conciliation? Yes No If yes, for this purpose please contact:

Name: _____ Telephone No: (_____) _____

(Settlement discussions will not delay the investigation and participation in settlement does not provide good cause for an extension of time to respond to the complaint.)

Signature

Date



Division of Human Rights

KATHY HOCHUL
Governor

LICHA M. NYIENDO
Commissioner

INFORMATION FOR RESPONDENTS CONCERNING COMPLAINT PROCEDURES OF NEW YORK STATE DIVISION OF HUMAN RIGHTS

The New York State Division of Human Rights is a State agency mandated to receive, investigate and resolve complaints of discrimination under N.Y. Executive Law, Article 15 ("Human Rights Law"). The Division's role is to fairly and thoroughly investigate the allegations in light of all evidence gathered.

WHAT TYPES OF COMPLAINTS ARE HANDLED BY THE DIVISION OF HUMAN RIGHTS?

The Human Rights Law forbids discrimination in employment, apprenticeship and training, purchase and rental of housing and commercial space, places of public accommodation, certain educational institutions, and credit transactions. If a person feels that he or she has been discriminated against by reason of race, color, creed, sex, age (not public accommodation), disability, national origin, marital status, familial status (housing only), conviction or arrest record (employment only), genetic predisposition (employment only), military status, or sexual orientation, or because he or she has opposed any practices forbidden under the Human Rights Law, that person may file a complaint with the State Division of Human Rights.

HOW DOES A PERSON FILE A COMPLAINT?

Persons wishing to file a complaint of discrimination may contact the nearest regional office of the Division of Human Rights. The Human Rights Law requires that they must file such a complaint within one year of the alleged unlawful discriminatory act.

WHAT IS THE INVESTIGATIVE PROCEDURE?

The Division represents neither the Complainant nor the Respondent. The Division pursues the State's interest in the proper resolution of the matter in accordance with the Human Rights Law. Complainant and Respondent can retain private counsel to represent them during the investigation, but such representation is not required.

Upon receipt of a complaint, the regional office will:

- Notify the Respondent(s). (A Respondent is a person or entity about whose action the Complainant complains.)
- Resolve issues of questionable jurisdiction.

INFORMATION FOR RESPONDENTS
CONCERNING COMPLAINT PROCEDURES OF THE NYS DIVISION OF HUMAN RIGHTS
Page 2

- Forward a copy of the complaint to the U.S. Equal Employment Opportunity Commission (EEOC) or the U.S. Department of Housing and Urban Development (HUD), where applicable. Such federal filing creates a complaint separate and apart from the complaint filed with the Division, although in most cases only one investigation is conducted pursuant to work-sharing agreements with these federal agencies.
- Investigate the complaint through appropriate methods (written inquiry, field investigation, witness interviews, requests for documents, investigatory conference, etc.), in the discretion of the Regional Director. The investigation of the complaint is to be objective.
- Allow the parties to settle the matter by reaching agreement on terms acceptable to the Complainant, Respondent and the Division. The Division will allow settlement from the time of filing until the matter reaches a final resolution.
- Determine whether or not there is probable cause to believe that an act of discrimination has occurred, if the matter cannot be settled prior to that Determination. The Division will notify the Complainant and Respondent in writing of the Determination.

You, or your attorney, may review the Division's file in this matter, and may copy by hand any material in the file, or obtain photocopies at a nominal charge. The Complainant in this matter has the same right to review the file.

WHAT IS THE DIVISION'S POLICY ON ADJOURNMENTS AND EXTENSIONS?

It is the Division's policy to investigate all cases promptly and expeditiously. Therefore, you are expected to cooperate with the investigation fully and promptly. No deadlines will be extended at any time during the investigation, unless good cause is shown in a written application submitted at least five (5) calendar days prior to the original deadline. Failure to comply could result in an adverse finding against you, which would be shared with, among others, the Secretary of State and the applicable State licensing agencies that govern your business.

WHAT IS THE PROCEDURE FOLLOWING THE INVESTIGATION?

If there is a Determination of no probable cause, lack of jurisdiction, or any other type of dismissal of the case, the Complainant may appeal to the State Supreme Court within 60 days.

If the Determination is one of probable cause, there is no appeal to court. The case then proceeds to public hearing before an Administrative Law Judge. Under Rule 465.20 (9 N.Y.C.R.R. § 465.20), the Respondent may ask the Commissioner of Human Rights within 60 days of the finding of probable cause to review the finding of probable cause. Such application should be sent to the General Counsel of the Division and to the Complainant, and Complainant's attorney, if any.

WHAT IS A PUBLIC HEARING?

A public hearing, pursuant to the Human Rights Law, is a trial-like proceeding at which relevant evidence is placed in the hearing record. It is a hearing de novo, which means that the Commissioner's final decision on the case is based solely on the content of the hearing record. The public hearing is presided over by an Administrative Law Judge, and a verbatim transcript is made of the proceedings.

The hearing may last one or more days, not always consecutive. Parties are notified of all hearing sessions in advance, and the case may be adjourned to a later date only for good cause.

**INFORMATION FOR RESPONDENTS
CONCERNING COMPLAINT PROCEDURES OF THE NYS DIVISION OF HUMAN RIGHTS**
Page 3

Respondent can retain private counsel for the hearing, and, if Respondent is a corporation, is required to be represented by legal counsel. The Complainant can retain private counsel for the hearing, but is not required to do so. If Complainant is not represented by private counsel, the Division's counsel prosecutes the case in support of the complaint. Attorneys for the parties or for the Division may issue subpoenas for documents and to compel the presence of witnesses.

At the conclusion of the hearing sessions, a proposed Order is prepared by the Administrative Law Judge and is sent to the parties for comment.

A final Order is issued by the Commissioner. The Commissioner either dismisses the complaint or finds discrimination. If discrimination is found, Respondent will be ordered to cease and desist and take appropriate action, such as reinstatement, training of staff, or provision of reasonable accommodation of disability. The Division may award money damages to Complainant, including back pay and compensatory damages for mental pain and suffering, and in the case of housing discrimination, punitive damages, attorney's fees and civil fines and penalties. A Commissioner's Order may be appealed by either party to the State Supreme Court within 60 days. Orders after hearing are transferred by the lower court to the Appellate Division for review.

WHAT IS A COMPLIANCE INVESTIGATION?

The compliance investigation unit verifies whether the Respondent has complied with the provisions of the Commissioner's Order. If the Respondent has not complied, enforcement proceedings in court may be brought by the Division.

NOTICE PURSUANT TO PERSONAL PRIVACY PROTECTION LAW

Pursuant to the Human Rights Law, the Division collects certain personal information from individuals filing complaints and from those against whom a complaint has been filed. The information is necessary to conduct a proper investigation; failure to provide such information could impair the Division's ability to properly investigate the matter. This information is maintained in a computerized Case Management System maintained by the Division's Director of Information Technology, who is located at One Fordham Plaza, Bronx, New York, (718) 741-8365.

PENAL PROVISION OF THE HUMAN RIGHTS LAW

The Human Rights Law contains the following penal provision:

“Any person, employer, labor organization or employment agency, who or which shall willfully resist, prevent, impede or interfere with the division or any of its employees or representatives in the performance of duty under this article, or shall willfully violate an order of the division or commissioner, shall be guilty of a misdemeanor and be punishable by imprisonment in a penitentiary, or county jail, for not more than one year, or by a fine of not more than five hundred dollars, or by both; but procedure for the review of the order shall not be deemed to be such willful conduct.”
Human Rights Law § 299.

GENERAL INFORMATION

For a more detailed explanation of the process, see the Division's Rules of Practice (9 N.Y.C.R.R. § 465) available on our website www.dhr.ny.gov. If you have any additional questions about the process, the investigator assigned to the case will be available to answer most questions.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
 New York District Office
 33 Whitehall Street, 5th Floor
 New York, New York 10004-2112

TO:
 New York County District Attorneys' Office
 Attn: Nicole Ortsman-Daver, EEO officer
 One Hogan Place
 New York, NY 10013

PERSON FILING CHARGE:
 Annabelle Suarez
 THIS PERSON (Check one):
 Claims to be aggrieved [x]
 Files on behalf of other(s) []
 DATE OF ALLEGED VIOLATION:
 10/28/2020
 PLACE OF ALLEGED VIOLATION:
 New York County
 EEOC CHARGE NUMBER:
 16GC102759
 FEPA CHARGE NUMBER:
 10213413

NOTICE OF CHARGE OF DISCRIMINATION WHERE AN FEP AGENCY WILL INITIALLY PROCESS

YOU ARE HEREBY NOTIFIED THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- [X] Title VII of the Civil Rights Act of 1964
- [] The Age Discrimination in Employment Act of 1967 (ADEA)
- [X] The Americans with Disabilities Act (ADA)

HAS BEEN RECEIVED BY: The New York State Division of Human Rights (FEP Agency) and sent to the EEOC for dual filing purposes.

While the EEOC has jurisdiction (upon expiration of any deferral requirements if this is a Title VII or ADA charge) to investigate this charge, EEOC may refrain from beginning an investigation and await the issuance of the FEP Agency's final findings and orders. These final findings and orders will be given weight by EEOC in making its own determination as to whether or not reasonable cause exists to believe that the allegations made in the charge are true.

You are therefore encouraged to cooperate fully with the FEP Agency. All facts and evidence provided by you to the Agency in the course of its proceedings will be considered by the Commission when it reviews the Agency's final findings and orders. In many instances the Commission will take no further action, thereby avoiding the necessity of an investigation by both the FEP Agency and the Commission. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final decision and order of the above named FEP Agency. For such a request to be honored, you must notify the Commission in writing within 15 days of your receipt of the Agency's issuing a final finding and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by the Commission.

For further correspondence on this matter, please use the charge number(s) shown.

- [] An Equal Pay Act investigation (29 U.S.C. §206(d)) will be conducted by the Commission concurrently with the FEP Agency's investigation of the charge.
- [X] Enclosure: Copy of the Charge

BASIS FOR DISCRIMINATION: Disability, Opposed Discrimination/Retaliation

CIRCUMSTANCES OF ALLEGED VIOLATION:

SEE ATTACHED N.Y.S. DIVISION OF HUMAN RIGHTS COMPLAINT

DATE: September 21, 2021

TYPED NAME OF AUTHORIZED EEOC OFFICIAL:
 Kevin J. Berry

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office
33 Whitehall Street, 5th Floor
New York, New York 10004-2112

Annabelle Suarez
301 East 66th Street, Apt 7B
New York, NY 10065

EEOC Charge Number: 16GC102759
NYSDHR Case Number: 10213413

NOTICE

This office has been informed that you filed a complaint of employment discrimination with the New York State Division of Human Rights (NYSDHR). The purpose of this notice is to inform you of your federal rights pursuant to one or more of the statutes under which you may have filed. Please be advised that your complaint will be investigated by the New York State Division of Human Rights, not the Federal Equal Employment Opportunity Commission (EEOC). All questions, correspondence and status reports with regard to your case must be directed to the New York State Division of Human Rights office where your complaint was filed.

YOUR FEDERAL RIGHTS (if you filed under):

- [X] Title VII of the Civil Rights Act of 1964, as amended – If you want to file a private lawsuit in federal district court with your own private attorney because you do not want the New York State Division of Human Rights to conduct an investigation, you may request from the EEOC a Notice of Right to Sue, 180 days after you have filed your complaint. Once the EEOC grants your request, it is only valid for ninety (90) days from the date the Notice was issued, after which your time to sue expires. If you want the New York State Division of Human Rights to conduct an investigation, you do not need to make this request, or to contact or write either agency. The New York State Division of Human Rights will contact you and/or advise you in the near future of their investigation and determination findings.
- [X] The Americans with Disabilities Act of 1990 (ADA) – Same as Title VII, above.
- [] The Age Discrimination in Employment Act of 1967, as amended (ADEA) – If you want to file a private lawsuit with your own private attorney, you could do so any time after 60 days from the date you filed your complaint with the New York State Division of Human Rights. This is only if you do not want the New York State Division of Human Rights to conduct an investigation, otherwise you do not need to do anything at this time. The New York State Division of Human Rights will contact you and/or advise you in the near future of their investigation and determination findings.

Date: September 21, 2021

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

ANNABELLE SUAREZ,

Complainant,

v.

NEW YORK COUNTY DISTRICT ATTORNEYS'
OFFICE,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.

10213413

Federal Charge No. 16GC102759

I, Annabelle Suarez, residing at 301 East 66th Street, Apt 7B, New York, NY, 10065, charge the above named respondent, whose address is One Hogan Place, New York, NY, 10013 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of disability, opposed discrimination/retaliation.

Date most recent or continuing discrimination took place is 10/28/2020.

The allegations are: See attached complaint form.

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of disability, opposed discrimination/retaliation, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I also charge the above-named respondent with violating the Americans with Disabilities Act (ADA) (covers disability relating to employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

PP

FIRST AMENDED COMPLAINT

**New York State Division of Human Rights
Employment Complaint Form**

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:

First Name ANNABELLE	Middle Initial/Name	
Last Name SUAREZ		
Street Address/ PO Box 301 East 66th Street	Apt or Floor #: 7B	
City New York	State NY	Zip Code 10065
If you are filing on behalf of another, provide the name of that person: N/A	Date of birth: 5/2/1959	Relationship:

2. Regulated Areas: Check the area where the discrimination occurred:

(If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Employment (<i>including paid internship</i>) | <input type="checkbox"/> by a Labor Organization |
| <input type="checkbox"/> Internship (<i>unpaid</i>) | <input type="checkbox"/> Apprentice Training |
| <input type="checkbox"/> Contract Work (<i>independent contractor, or work for a contractor</i>) | <input type="checkbox"/> by a Temp or Employment Agency |
| <input type="checkbox"/> Volunteer Position | <input type="checkbox"/> Licensing |

3. You are filing a complaint against:

Employer, Worksite, Agency or Union Name

NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE

Street Address/ PO Box

1 Hogan Place

City New York	State NY	Zip Code 10013
------------------	-------------	-------------------

Telephone Number:

(212) 335-9000 Ext.

In what county or borough did the violation take place?

New York

Individual people who discriminated against you:

Name: N/A Title: _____

Name: _____ Title: _____

If you need more space, please list them on a separate piece of paper.

4. Date of alleged discrimination (must be within one year of filing):

The most recent act of discrimination happened on: 10 28 2020
month day year

5. For employment and internships, how many employees does this company have?

1-14 15-19 20 or more Don't know

6. Are you currently working for this company?

<input checked="" type="checkbox"/> Yes. Date of hire: 9 month 8 day 1997 year	What is your position? Sr. Witness Aid Social Services Advocate
<input type="checkbox"/> No. Last day of work: month day year	What was your position?
<input type="checkbox"/> I was never hired. Date of application: month day year	What position did you apply for?

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Familial Status:
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input checked="" type="checkbox"/> Disability: failure to grant reasonable accommodation Please specify: heart/pulmonary	<input type="checkbox"/> Predisposing Genetic Characteristic:
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog	

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How did you oppose discrimination: Time sheet approval delayed *C&No.10240950*

If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.

Relationship or association

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input checked="" type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other:

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

SEE ATTACHED

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Annabelle Suarez

FIRST AMENDED COMPLAINT

PARTICULARS OF DISCRIMINATION:

1. Since in or about 1997, I have been continuously employed by the New York County District Attorney's Office ("DANY").
2. At all relevant times I have held the position of Senior Witness Aid Social Services Advocate, Witness Aid Victim Notification Specialist in DANY.
3. Since approximately September 2016, I have been a union-delegate of our Union, Social Service Employees Union, Local 371, representing my co-workers in work-related issues in the DANY.
4. In or about March 20, 2020, due to the pandemic, I and other workers in my unit were placed on a work-from-home schedule. Under that work-from-home schedule we performed our duties with two of us coming into the office each day on a rotating schedule. Under that schedule, everyone in the unit was scheduled to be working in the office approximately six days per month and working home for the remaining days of the month.
5. In or about October 2020, I submitted to the DANY a request for a reasonable accommodation in the format specified by the DANY to work from home every day because of my heart and pulmonary conditions described in the medical documentation submitted with the request. A copy of said request and supporting medical documentation is annexed hereto as Exhibit "A".
6. On or about October 28, 2020, I participated in a teleconference with Nitin Savur, EEO Officer and Disability Coordinator for the DANY, and George Argyros, Director of Human Resources and EEO Compliance Coordinator for the DANY. During that teleconference I was informed by Mr. Savur and Mr. Argyros that my request for a reasonable accommodation to work from home every day had been granted by the DANY.
7. But on the same date, I received an email message from Ina Chen, HCMS Analytics and Employee Engagement Analyst, EEO Program Compliance, Reasonable Accommodation & PESH Coordinator for the DANY, stating that my "...request for Family First Coronavirus Response Act/Family Medical Leave Act leave was approved by our EEO Office and our Human Resources Department". The email message further informed me that: (a) to use this benefit I would be included in the schedule of employees who were assigned to an office location; (b) on

the days I was assigned to report to an office location I could take FFCRA/FMLA leave; and (c) that I could claim the first ten days of FFCRA/FMLA leave as excused leave, without charge to my leave balances, but after the first ten days of excused leave I would be required to use my leave balances in order to be paid. A copy of said email message is annexed hereto as Exhibit "B".

8. Annexed hereto as Exhibit "C" is a calendar issued by the DANY for the month of January 2021, which reflects the days on which I have been assigned to work in the office (January 5, 8, 12, 19, 22, and 26, 2021). In order not to come into the office on those days I was and will continue to be required to use/deduct from my personal-accrued-leave-balance in order to be paid for that time.

9. If my request for a reasonable accommodation had been granted, I would be able to work from home on those days as well as the days I am regularly scheduled to work from home and I would be paid for those days without charge to my leave balances.

10. The job duties I perform can all be performed from home, as I do on all the days when I am scheduled, along with the other employees in my unit, to work from home. Had my request for a reasonable accommodation referred to above been granted, which I was verbally informed it had been, I would have been permitted to work from home and be paid for such work on the days that I am scheduled to come into the office.

11. On or about June 29, 2021, I submitted a second request to DANY for a reasonable accommodation. Confirmation of DANY's receipt of my aforesaid request for a reasonable accommodation is annexed hereto as Exhibit "D".

12. Notwithstanding that my aforesaid request for a reasonable accommodation was received by DANY on or about June 29, 2021, I have still not received any response thereto.

13. My work schedule for the month of August 2021 allows for only one (1) day of working remotely (telework) per week. During that time, I have been submitting my timesheets for approval in the usual manner and in accordance with DANY procedure. Nevertheless, my timesheets have not been approved, and I have not been provided with any reason therefor. Relevant documents to this issue are annexed hereto as Exhibit "E". I believe these actions by DANY have been done in retaliation for my Complaint in case Number 10210950.

14. For the reasons set forth above, I am being discriminated against by not being provided with a reasonable accommodation for my disability, in violation of the New York State Human Rights Law.

Exhibit A



**NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
REASONABLE ACCOMMODATION REQUEST (RAR)
REQUEST FOR MEDICAL INFORMATION FORM**

Please print the following information:

First name: <u>ANNABELLE</u>	Last Name: <u>SUAREZ</u>
Position: <u>Senior victim specialist</u>	Bureau/Unit: <u>WASU NOTIFICATIONS</u>
Office Telephone #: <u>212-335-9521</u>	Home or Cell #: <u>646-707-4606</u>

INSTRUCTIONS FOR MEDICAL PROVIDER

Your patient has requested that the New York County District Attorney's Office (DANY) provide him/her with a reasonable accommodation/modification. Please provide a detailed description of the specific physical and/or mental condition(s) that affects the patient's ability to perform certain tasks and engage in certain activities, any reasonable accommodation/modification needed and the relationship between the accommodation/modification and the patient's impairment.

has chronic SOB. Having W/u/p. In chronic stress test - has seen Dr. Komor, pulmonologist.

Dr. Komor
You may attach additional medical information to the forms as needed. Please return this completed form to the patient.

Please state patient's medical and/or mental condition(s):

- palpitations
- SOB
- Thyroid disease

Please provide a detailed description of the specific physical and/or mental health restrictions/limitations affecting the patient's ability to perform certain tasks and engage in certain activities. Please describe how the impairment affects the patient's daily functioning.

has chronic SOB, no limitation. has seen Dr. Komor, pulmonary at NYH

Indicate whether the patient's condition(s) is permanent, chronic or temporary. If the patient's condition(s) is temporary, please state its anticipated duration:

Chronic SOB. has seen pulmonologist

is having stress test

likely temporary - unknown duration

Indicate what treatment if any the patient is currently receiving associated with his/her medical and/or mental health conditions(s) including, but not limited to, any medication or therapy.

treatment or stress test

has seen pulmonologist

Please describe the reasonable accommodation/modification needed by the patient and the relationship between it and client's medical and/or mental health conditions.

She should work from home until diagnosis is determined. High risk and

Do not complete this area. To be Completed by Director of Human Resources Only

Request received by: _____ Date: _____



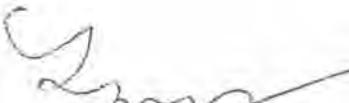
NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
REASONABLE ACCOMMODATION REQUEST (RAR)
REQUEST FOR MEDICAL INFORMATION FORM

Does the patient's physical and/or mental health condition(s) make it difficult for the patient to perform the following activities? (If so, please fully describe the difficulties the patient has for each checked box):

- Walking and/or Climbing Stairs. Describe: *yes some S O B
or nothing*
- Traveling and/or Taking Public Transportation. Describe: *no where able*
- Cognitive Functions (i.e. concentrating, remembering, understanding). Describe:
- Sitting or Standing for extended periods of time. Describe:
- Being in crowded places. Describe: *phobic at the
in crowded place due to Covid -*

A. OTHER:

Please provide any additional information that might be useful in processing this accommodation request:



MEDICAL PROVIDER'S SIGNATURE

47154558

LICENSE NUMBER

7-21-20

DATE

RETURN FORM TO DIRECTOR OF HUMAN RESOURCES

Do not complete this area. To be Completed by Director of Human Resources Only

Request received by: _____ Date: _____



Lynne A. Glasser, MD, FACP, FACC
Director, Interventional In-Patient Service
Assistant Professor of Medicine

Telephone: 212-241-4521
Fax: 212-241-7966
Cell: 347-585-7233 / 917-742-6942
Email: lynne.glasser@mountsinai.org

The Zena and Michael A. Wiener
Cardiovascular Institute

The Marie-Josée and Henry R. Kravis
Center for Cardiovascular Health

Mount Sinai
1190 5th Avenue, GPI Center
Box 1030
New York, NY 10029-6574

October 14, 2020

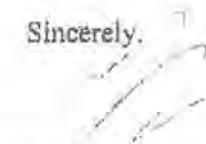
RE: Suarez, Annabelle
MRN: 249075
DOB: 05/02/1959

To Whom It May Concern,

Ms. Annabelle Suarez is under my care because of shortness of breath. The patient has chronic shortness of breath and in fact has seen a pulmonologist at New York, Dr. Kaner in New York Hospital. She has a history of thyroid disease. On the last office visit, she was found to be hypertensive. She is in the process of undergoing a cardiac workup including a stress test. At this point, she should work from home as the risk of complications from the COVID virus may be increased until the diagnosis is determined. If you have any further questions, please do not hesitate to call me.

Once again, thank you.

Sincerely,


Lynne A. Glasser, MD.

Request RA20201026203636
Number:

Status Draft

Prior to receiving final approval on your request, make sure that all medical documents are sent to HumanResources@dany.nyc.gov. Until then, the request will remain as "Pending".

Name Suarez, Annabelle

Bureau WASU Notifications/Property Release

Title Senior Victim Notifications Specialist 3

Location One Hogan Place

Additional Information

Civil Service Title

Phone 9521

Supervisor Woodberry, Renee

Other Phone x3787

Basis of Reasonable Accommodation Request

Reason for Request	<input type="radio"/> Disability	<input type="radio"/> Religion
	<input checked="" type="radio"/> Other	<input type="radio"/> Status as Victim of Domestic Violence, Sex Offenses, Stalking
	<input type="radio"/> Pregnancy	

Other High Risk category for contracting Covid-19

Request Type *	<input type="radio"/> Attire	<input type="radio"/> Furniture
	<input type="radio"/> IT (Equipment)	<input type="radio"/> Leave Request
	<input type="radio"/> Modified Workplace Practice, Policy and/or Procedure	<input checked="" type="radio"/> Other
	<input type="radio"/> Reassignment	<input type="radio"/> Schedule Change

Other Remote work requested

What is the status of the condition?	<input type="radio"/> Permanent	<input type="radio"/> Temporary	<input checked="" type="radio"/> Unknown
--------------------------------------	---------------------------------	---------------------------------	--

Identify the situation which requires accommodation and the condition status *

Due to ongoing, chronic respiratory health status, I am at an increased risk for severe illness from Covid-19.

Attachments

NOTE: Do not attach any medical documentation to this form. All medical information should be sent to HumanResources@dany.nyc.gov. Include the Reasonable Accommodation Form request number in the email subject line.

Please describe how this reasonable accommodation request will assist you perform day-to-day functions in your position	Notification's dept. work productivity will increase when free from exposure to environmental toxins including Covid-19 exposure ,a currently recognized airborn contagion.
---	---

For Reasonable Accommodations based on Disability you may be required to provide verification by a health professional or a disability service provider (e.g. ACCESS-VR, NYS Commission for the Blind and Visually Impaired).

This CONFIDENTIAL documentation should be provided to the Disabilities Rights Coordinator or EEO Officer.

Agree I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Date Monday, October 26, 2020

Comments

[Close](#)

Audit History

Action



New York-Presbyterian
Weill Cornell Medical Center

Robert J. Kaner, MD
Associate Professor of Medicine
Pulmonary and Critical Care Medicine

425 East 61st Street
Suite 402
New York, NY 10065

Phone: 646-962-2333
Fax: 646-962-0330

June 10, 2020

Re: Ms. Annabelle Suarez DOB: 5/2/1959

To whom it may concern:

I had the pleasure of seeing my patient, Annabelle Suarez, on 6/10/2020. She is undergoing a medical workup for investigation of pulmonary symptoms. Pending the results of this testing, I am recommending that she work remotely until the test results are available and her risk of contracting COVID-19 can be fully evaluated.

Should you have any questions regarding this patient please feel free to contact me at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Kaner".

Robert J. Kaner, MD

Exhibit B

Elrico Yuan

Human Resources
New York County District Attorney's Office

212-335-9837

From: Chen, Ina
Sent: Wednesday, October 28, 2020 11:31 AM
To: Suarez, Annabelle <SuarezA@dany.nyc.gov>
Cc: Gilchrist, Beverly <GilchristB@dany.nyc.gov>; Silvie, Mildred <SilvieM@dany.nyc.gov>; Woodberry, Renee <WoodberryR@dany.nyc.gov>; Savur, Nitin <SavurN@dany.nyc.gov>; Argyros, George <argyros@[dany.nyc.gov](#)>; Cunningham, Katricia <CUNNINGHAMK@dany.nyc.gov>; Isaac, Steven

<IsaacS@dny.nyc.gov>; Chan, David
<CHAND@dny.nyc.gov>; Iznyuk, Mark
<IznyukM@dny.nyc.gov>
Subject: FFCRA/FMLA ---- Approved

Good afternoon Annabelle,

Please be advised that your request for Family First Coronavirus Response Act/Family Medical Leave Act leave was approved by our EEO Officer and our Human Resources Department.

To use this benefit, you must be included in the schedule of employees who are assigned to report to an office location.

On the days, you are assigned to report to an office location,

you may take FFCRA/FMLA leave.

In Citytime you may claim the first ten days of your FFCRA/FMLA leave as excuse leave. This means your leave balances will not be charged for the first ten days. In Citytime the first ten days can be charged as "excuse leave/other."

After the first ten days of excused leave, you will be advised to use sick leave for any additional leave incidents. If you do not have any sick leave balances available, you will use your annual leave.

If you do not have sick or annual leave balances available, the office will advance you up to 30 days of leave.

HR Payroll Supervisor, Mark Iznyuk is readily available to assist with any of your Citytime questions.

You are not expected to telework on the days you are on FFCRA/FMLA leave.

Should you require additional guidance or have any FFCRA/FMLA benefit questions please email Human Resources.

Thank you,

Ina Chen

HCMS Analytics and Employee Engagement Analyst

EEO Program Compliance, Reasonable Accommodation & PESH Coordinator

New York County District Attorney's Office | Human Resources Department

40 Worth Street, SE 901 | Office: (212) 335-9256 | Cell: (347) 366-2260

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Exhibit C

January 2021

In Office/ Follow Up/ Late Night Schedule

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	<u>In Office:</u> Marie, Steven, Sofia <u>Late Night:</u> Carisa	<u>28</u> <u>In Office:</u> Marie, Carisa, Sabrina, Anabelle <u>Follow Up:</u> Neerasha <u>Late Night:</u> Neerasha	<u>29</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Carisa <u>Late Night:</u> Sofia <u>TOPs:</u> Diane J.	<u>30</u> <u>In Office:</u> Mildred, Diane S., Sofia <u>Follow Up:</u> Sofia <u>Late Night:</u> Cancelled	<u>31</u>  <u>In Office:</u> Mildred, Diane S., Sofia <u>Follow Up:</u> Sofia <u>Late Night:</u> Cancelled	<u>1</u> <u>TOPs:</u> Diane J. <u>2</u>
3	<u>In Office:</u> Marie, Steven, Sofia <u>Late Night:</u> Diane S.	<u>4</u> <u>In Office:</u> Renee, Carisa, Sabrina, Anabelle <u>Follow Up:</u> Diane S. <u>Late Night:</u> Neerasha	<u>5</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Steven <u>Late Night:</u> Annabelle <u>TOPs:</u> Diane J.	<u>6</u> <u>In Office:</u> Mildred, Diane S., Carisa <u>Follow Up:</u> Annabelle <u>Late Night:</u> Sabrina	<u>7</u> <u>In Office:</u> Mildred, Diane S., Carisa <u>Follow Up:</u> Annabelle <u>Late Night:</u> Sabrina	<u>8</u> <u>In Office:</u> Renee, Sofia, Sabrina, Anabelle <u>Follow Up:</u> Sabrina
10	<u>In Office:</u> Marie, Steven, Sofia <u>Late Night:</u> Carisa	<u>11</u> <u>In Office:</u> Renee, Carisa, Sabrina, Anabelle <u>Follow Up:</u> Neerasha <u>Late Night:</u> Sofia	<u>12</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Sofia <u>Late Night:</u> Annabelle <u>TOPs:</u> Diane J.	<u>13</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Carisa <u>Late Night:</u> Steven	<u>14</u> <u>In Office:</u> Mildred, Diane S., Carisa <u>Follow Up:</u> Carisa <u>Late Night:</u> Steven	<u>15</u> <u>In Office:</u> Marie, Sofia, Sabrina <u>Follow Up:</u> Diane S.
17		<u>18</u> <u>In Office:</u> Renee, Carisa, Sabrina, Anabelle <u>Follow Up:</u> Steven <u>Late Night:</u> Diane S.	<u>19</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Sabrina <u>Late Night:</u> Annabelle <u>TOPs:</u> Diane J.	<u>20</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Sabrina <u>Late Night:</u> Annabelle <u>TOPs:</u> Diane J.	<u>21</u> <u>In Office:</u> Mildred, Diane S., Carisa <u>Follow Up:</u> Annabelle <u>Late Night:</u> Sabrina	<u>22</u> <u>In Office:</u> Renee, Sofia, Sabrina, Anabelle <u>Follow Up:</u> Neerasha
24	<u>In Office:</u> Marie, Steven, Sofia <u>Late Night:</u> Neerasha	<u>25</u> <u>In Office:</u> Renee, Carisa, Sabrina, Anabelle <u>Follow Up:</u> Sofia <u>Late Night:</u> Sofia	<u>26</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Diane S. <u>Late Night:</u> Carisa <u>TOPs:</u> Diane J.	<u>27</u> <u>In Office:</u> Diane S. & Steven <u>Follow Up:</u> Diane S. <u>Late Night:</u> Carisa <u>TOPs:</u> Diane J.	<u>28</u> <u>In Office:</u> Mildred, Diane S., Carisa <u>Follow Up:</u> Carisa <u>Late Night:</u> Steven	<u>29</u> <u>In Office:</u> Marie, Sofia, Sabrina <u>Follow Up:</u> Steven
						<u>30</u> <u>TOPs:</u> Diane J.

Office Hours

Marie: 8am-4pm
Sofia: 8am-4pm
Carisa: 8am-4pm
Diane S: 8:30am-4:30pm

Steven: 8am-4pm
Sabrina: 8:30-4:30pm
Mildred: 7:30am-3:30pm
Renee: 9am-5pm

Hi Annabelle,

Thank you for submitting your request. This email confirms that we received your submission through the Reasonable Accommodation Request form on DANYNET.

Human Resources will review your form then get back to you with further instructions regarding your accommodation request.

Please note that your doctor must fill out the Reasonable Accommodation Medical form as part of submission. Once completed, send all medical documentation to HumanResources@dany.nyc.gov. All requests will be pending until all medical documentation is submitted.

To access your submission, please [click here](#).

1

This email communication and any files transmitted with it contain privileged and confidential information from the New York County District Attorney's Office and are intended solely for the use of the individuals or entity to whom it has been addressed. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this email is strictly prohibited. If you have received this email in error, please delete it and notify the sender by return email.

RE: Reasonable Accommodation Request Submission - RA20210629124118 (June 29th, 2012)

Exhibit D



**NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
REASONABLE ACCOMMODATION REQUEST (RAR)
REQUEST FOR MEDICAL INFORMATION FORM**

Please print the following information:

First name: Anabelle Last Name: Suarez
 Position: Senior Victim Specialist Bureau/Unit: VAO
 Office Telephone #: 212-335-9521 Home or Cell #: (646) 707-1400

INSTRUCTIONS FOR MEDICAL PROVIDER

Your patient has requested that the New York County District Attorney's Office (DANY) provide him/her with a reasonable accommodation/modification. Please provide a detailed description of the specific physical and/or mental condition(s) that affects the patient's ability to perform certain tasks and engage in certain activities, any reasonable accommodation/modification needed and the relationship between the accommodation/modification and the patient's impairment.

*She has Chronic SOB and fatigue, even at rest.
 Can walk a couple of blocks and then feel winded.
 Occasionally hears herself wheezing.*

You may attach additional medical information to the form as needed. Please return this completed form to the patient.

Please state patient's medical and/or mental condition(s):

- Chronic respiratory failure with hypercapnia
- SOB
- Daytime hypersomnolence

Please provide a detailed description of the specific physical and/or mental health restrictions/limitations affecting the patient's ability to perform certain tasks and engage in certain activities. Please describe how the impairment affects the patient's daily functioning.

She has chronic SOB, no significant limitation,

Indicate whether the patient's condition(s) is permanent, chronic or temporary. If the patient's condition(s) is temporary, please state its anticipated duration:

Long term chronic shortness of breath

Indicate what treatment if any the patient is currently receiving associated with his/her medical and/or mental health condition(s) including, but not limited to, any medication or therapy.

- Sleep study - awaiting in house study in lab
- Pending CT Scan
- Seen by pulmonologist every 6 months for SOB

Please describe the reasonable accommodation/modification needed by the patient and the relationship between it and client's medical and/or mental health conditions.

She should work from home until diagnosis is determined.



NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
REASONABLE ACCOMMODATION REQUEST (RAR)
REQUEST FOR MEDICAL INFORMATION FORM

Does the patient's physical and/or mental health condition(s) make it difficult for the patient to perform the following activities? (If so, please fully describe the difficulties the patient has for each checked box):

- Walking and/or Climbing Stairs. Describe:
shortness of breath
- Traveling and/or Taking Public Transportation. Describe:
avoid due to Covid-19 risk
- Cognitive Functions (i.e. concentrating, remembering, understanding). Describe:
- Sitting or Standing for extended periods of time. Describe:
- Being in crowded places. Describe: *should avoid due to Covid-19 risk*

A. OTHER:

Please provide any additional information that might be useful in processing this accommodation request:

PCO = 62 indicating Chronic hypercapneic respiratory failure


MEDICAL PROVIDER'S SIGNATURE

174664
LICENSE NUMBER

5/6/2021
DATE

RETURN FORM TO DIRECTOR OF HUMAN RESOURCES

Do not complete this area. To be Completed by Director of Human Resources Only

Request received by: _____ Date: _____

Suarez, Annabelle

MRN: 1000580404

Office Visit 5/5/2021 Provider: Robert J Kaner, MD (Pulmonology)

Weill Cornell Pulmonary
425 E 61St, 11 Fl
New York, New York 10065-8722



Progress Notes

Robert J Kaner, MD (Attending) • Pulmonology • Encounter Date: 5/5/2021 • Electronically Signed

Chief Complaint: There are no chief complaints on file for this visit

HPI:

61 year old woman with dyspnea and fatigue, even at rest. Can walk a couple of blocks and then feels winded. Respirations are labored and she breathes with pursed lips. These symptoms have been occurring for the past 6 months. Occasionally hears herself wheeze.

Never had a sleep study. No witnessed apneas. Startles awake several times per night. Thinks that she snores.

12/23/2020 Dyspnea was better for awhile, but now it has recurred. Started a gentle yoga regimen. The dyspnea occurs suddenly and makes her feel like she is unable to catch her breath. Walked briskly for 6 blocks to get her, but felt encumbered by the mask. Breathless after 20 steps. No cough. Breathlessness occurs at rest as well.
Saw an allergist > 10 yr ago who did skin and blood tests that were negative.
Has daytime hypersomnolence. Startles awake at night with feeling of dyspnea.

5/5/2021 Feels very fatigued.

PMHx

Past Medical History:

- | | | |
|--------------------|------|------------------------|
| Diagnosis | Date | <u>PSHx</u> |
| • Allergy
dust | | Past Surgical History: |
| • Anxiety | | Procedure |
| • Hyperlipidemia | | Laterality |
| • Nephrolithiasis | | Date |
| • Thyroid disorder | | • NONE |

PSHx

Past Surgical History:

- | | | |
|-----------|------------|------|
| Procedure | Laterality | Date |
| • NONE | | |

FMHx

Family History

SHx

Social History

Problem	Relation	Age of Onset	Tobacco Use
• CAD	Mother		Smoking Never Smoker
• CAD	Brother		Status
<i>Mi at age 50</i>			Smokeless Never Used
• Pulmonary	No History		Tobacco
			Social History
Allergies			Substance and Sexual Activity
Penicillins			Alcohol Yes
			Use
			<i>Comment: rarely</i>
			Social History
			Substance and Sexual Activity
			Drug Use Not on file

Medications**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• ERGOCALCIFEROL OR	Take by mouth.		

No current facility-administered medications for this visit.

ROS**Review of Systems**

HENT: Positive for ear pain.

Respiratory: Positive for shortness of breath.

Musculoskeletal: Positive for myalgias.

Neurological: Positive for headaches.

All other systems reviewed and are negative.

Exam**Vitals:**

	05/05/21 0913
BP:	155/102
Pulse:	(!) 121
Temp:	37.2 °C
SpO2:	97%
Weight:	56.7 kg
Height:	1.524 m

General/Constitutional: well appearing, no distress, no tachypnea

HEENT: anicteric

Lymphadenopathy: no cervical or supraclavicular adenopathy

Heart: regular rate and rhythm, normal S1S2 no murmur, rubs or gallops; no heave; no peripheral edema

Lungs: clear

Abdomen: soft and nontender without distention or organomegaly

Skin: no rash

Neuro / Psych: alert and oriented x 3 with normal affect

Data Review:

CT chest reviewed and interpreted personally:

CXR: NAD

PFT reviewed and interpreted personally: normal spiro and DLCO

Labs reviewed and pertinent for: HCO3 29

BLOOD GASES: VENOUS

Status:	
Final	
result	Con
	nnect:
	Released
	on
	12/23/2020
	3:42 PM

	Value	Range
pH Venous	7.32 (L)	7.34 - 7.47
pCO2 Venous	62 (H)	41 - 51 mmHg
pO2 Venous	21 (L)	25 - 40 mmHg
Base Excess Venous	5.8 (H)	-2.0 - 3.0 mmol/L
sO2 Venous	29.4	%
HCO3 Venous	31.9 (H)	21.0 - 26.0 mmol/L

Performing Lab: NYP_Cornell CLIA: 33D0653378

RAST tests negative

Micro reviewed and pertinent for:

Echo report reviewed: normal

Assessment/Plan

62 year old woman with dyspnea of unknown etiology. It was unclear if this was a heart, lung or deconditioning problem. Her cardiologist has not identified any cardiac pathology. Elevated bicarb suggests possible hypercapnea, which was confirmed on VBG.

She has symptoms suggestive of obstructive sleep apnea. She needs an in-person sleep study. The home sleep study was not diagnostic of OSA, however there was a single episode of severe desaturation and the in-person sleep study was recommended by the sleep specialist. She would benefit from nightly bipap to treat the hypercapneic respiratory failure even if there is no significant OSA.

Sleep apnea could explain her hypertension and pulmonary hypertension.

She has a cardiac risk factor of significant hyperlipidemia.

She is concerned about potential mold exposure and will order HP panel.

Will order:

In person Sleep study w CO2 monitoring for bipap Rx
HP panel
HRCT
Will provide reasonable accomodation form for work.

Time = 40 min, > 50% counseling and coordination of care

Instructions

Return in about 3 months (around 8/5/2021).
AVS - Outpatient (Automatic SnapShot taken 5/5/2021)

Additional Documentation

Epic Visit Number: 138321670
Encounter Reports: Pt Entered Questionnaires, Note Attribution History

Orders Placed

ARUP MISCELLANEOUS TEST
SARS-COV-2 NAAT
CT CHEST WITHOUT IV CONTRAST
POLYSOMNOGRAM

Medication Renewals and Changes

As of 5/5/2021 9:20 AM

None

Visit Diagnoses

Primary: Daytime hypersomnolence G47.19
SOB (shortness of breath) R06.02
Chronic respiratory failure with hypercapnia J96.12
Encounter for screening laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in asymptomatic patient Z20.822

Level Of Service

OFFICE/OUTPT VISIT,EST, LEVL V [99215]

Exhibit E

From: asuarez@nyc.rr.com
To: "ArgyrosG@dany.nyc.gov", "Isaacs@dany.nyc.gov", "ChenI@dany.nyc.gov"
Cc: "IznyukM@dany.nyc.gov", "CabreraY@dany.nyc.gov", "WoodberryR@dany.nyc.gov", "Yanys@dany.nyc.gov"
Sent: Wednesday August 25 2021 12:20:35PM
Subject: submitting Citytime Timesheet -for week ending 8/20/2021.

Good afternoon Human Resources/ Time Keeping staff,

I am currently out of the office, per WASU Notification's Unit schedule for the month of August 2021.

Your assistance is sought regarding submitting Citytime-Timesheet for weekend 8/20/21.

Kindly provide guidance and assistance to the unit's Citytime-approver, and WASU Unit Supervisor, Ms. Renee Woodberry; to avoid direct deposit interruption and check being withdrawn.

Thank you for your anticipated attention to this matter.

Respectfully,
Annabelle Suarez

From: Suarez, Annabelle
Sent: Monday, August 16, 2021 11:25 AM
To: Argyros, George <argyros@dany.nyc.gov>; Isaac, Steven <isaacS@dany.nyc.gov>; Chen, Ina <ChenI@dany.nyc.gov>
Cc: Iznyuk, Mark <iznyukM@dany.nyc.gov>; Cabrera, Yaquelin <CABRERAY@dany.nyc.gov>; Woodberry, Renee <WoodberryR@dany.nyc.gov>; Yany, Susan <YANYS@dany.nyc.gov>
Subject: RE: Citytime Timesheet Issue

Good morning all,

Thank you for the notice from Ms. Susan Yany. Time sheet for week ending 8/7/21 was resolved; with a final approval from Unit Supervisor, Renee Woodberry.

I require specific instructions and guidance from Human Resources and Time Keeping department(s) on how to submit City-Time-Sheet for week ending 8/14/2021. The time sheet appears to have been 'kicked back' to *draft status*.

This current week, I am approved for work only today, Monday, 8/16/21. Please advise at your earliest convenience to avoid direct deposit interruption and check being withheld.

Your attention to this matter will be greatly appreciated.

Annabelle Suarez

Witness Aid Services Unit

Notification Dept.

New York County District Attorney's Office

Cellular (646) 707-4606.

From: Woodberry, Renee
Sent: Thursday, August 12, 2021 2:08 PM
To: Yany, Susan <YANYS@dny.nyc.gov>; Suarez, Annabelle <SuarezA@dny.nyc.gov>
Cc: Iznyuk, Mark <IznyukM@dny.nyc.gov>; Cabrera, Yaquelin <CABRERAY@dny.nyc.gov>
Subject: RE: Citytime Timesheet Issue

Citytime was submitted

From: Yany, Susan
Sent: Thursday, August 12, 2021 12:17 PM
To: Suarez, Annabelle <SuarezA@dny.nyc.gov>
Cc: Woodberry, Renee <WoodberryR@dny.nyc.gov>; Iznyuk, Mark <IznyukM@dny.nyc.gov>; Cabrera, Yaquelin <CABRERAY@dny.nyc.gov>
Subject: FW: Citytime Timesheet Issue
Importance: High

Annabelle:

Your timesheet for week ending 8/7/2021 must be approved in CityTime immediately to avoid interruption to your direct deposit or your check being withheld.

Additionally, please note that if you are not able to submit your timesheet, your primary or back up CityTime timesheet approver can submit and approve your timesheet on your behalf.

As a reminder please be advised that all support staff must submit their prior week's CityTime timesheet by Monday of the following week.

If you need any assistance in submitting your timesheet, please contact Human Resources.

Susan E. Yany

Timekeeper/Human Resources Clerk 3

New York District Attorney's Office

1 Hogan Place

Room SE 933

New York, NY 10013

Main # 212-335-3333

Fax # 212-335-9542

212-225-8919

10H785W502WAS

P 🔒 C Application Library ⌂ City/Time X

Welcome Annabelle Suarez, Jr.

My Timesheet Name: Annabelle Suarez Date: 08/22/2021 - 08/28/2021 Status: Draft Empl ID: 433068 Citytime ID: 70910 Org: WASU NOTIFIC PROPERTY-WOODBERRY

Tools:	Add Meal	Add Leave	Comments	Schedule	Regular Hrs	Meal Duration				
				Sun 8/22	Mon 8/23	Tue 8/24	Wed 8/25	Thu 8/26	Fri 8/27	Sat
Time In	<<			10:58						
Time Out				21:01						
Schedule										
Regular Hrs	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30
Meal Duration	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00

Preview Save

Press the "F11" key to toggle between "Full Screen" and "Normal" view.

ng Windows

101-H785V252WAS

My Timesheet Name: Annabelle Suarez Date: 08/15/2021 - 08/21/2021 Status: Draft Empl ID: 433068 Citytime ID: 70910 Org: WASU NOTIFY PROPERTY-WOODBERRY

Tools:	Add Meal	Add Leave	Comments
Time In	≤	Sun 8/15	Mon 8/16
		08:02	20:02
Time Out			
Schedule			
Regular Hrs	09:30-17:30	09:30-17:30	09:30-17:30
Meal Duration	01:00	01:00	01:00
Pending Leave	09:30-17:30	09:30-17:30	09:30-17:30

Enter Time Labor Allocation Timesheet History

Save Preview Print

Press the "F11" key to toggle between "Full Screen" and "Normal" view.

10-1785WS02WAS

My Timesheet Name: Annabelle Suarez Date: 08/08/2021 - 08/14/2021 Status: Approved Final Empl ID: 433068 CityTime ID: 70910 Org: WASU NOTIFIC PROPERTY-WC

Enter Time Labor Allocation Timesheet History

Time In	Sun 8/8	Mon 8/9	Tue 8/10	Wed 8/11	Thu 8/12	Fri 8/13	Sat
Time Out	<<	11:15					
Schedule							
Regular Hrs	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	
Meal Duration	01:00	01:00	01:00	01:00	01:00	01:00	
Approved Leave							

Preview

Help

Tools

W W W W W

Press the "F11" key to toggle between "Full Screen" and "Normal" view.

10-1785WS02WAS

Welcome, Annabelle Suarez.

Application Library

CityTime

Exit

Minimize

Maximize

Close

5

10:4755(WJW)WAS

itytime.mycnet.ctWeb/login.do#

Tools Help

My Leave Balances as of 08-25-2021

Records 1-9 of 9

Account Name	Leave Type	Est. Bal.	Fut. Reqs.	PMS Bal.	PMS Accrued	PMS Used	PMS Balance Updated...
STICK LEAVE	SLL	- 5 minutes	0 minutes	- 5 minutes	1990 hours 55 minu...	1991 hours	08/17/2021
ANNUAL LEAVE	ALL	8 hours 27 minutes	0 minutes	36 hours 27 minutes	4149 hours 15 minu...	4112 hours 48 minu...	08/18/2021
COMPENSATORY TIME	COL	0 minutes	0 minutes	0 minutes	7 hours	7 hours	08/29/2018
COMP TIME NON FL...	COL	6 hours 41 minutes	0 minutes	6 hours 41 minutes	1696 hours 20 minu...	1689 hours 39 minu...	11/16/2020
COMP TIME FLSA P...	COL	3 minutes	0 minutes	3 minutes	418 hours 38 minutes	418 hours 35 minutes	07/24/2019
HOLIDAY COMP TIME	COL	2 minutes	0 minutes	2 minutes	3 hours 45 minutes	3 hours 43 minutes	10/02/2018
LATENESS	LTL	0 minutes	0 minutes	0 minutes	0 minutes	0 minutes	03/17/2020
LEAVE USED FOR F...	OLL	- 28 hours 30 minutes	0 minutes	- 28 hours 30 minutes	0 minutes	28 hours 30 minutes	04/08/2021
EXCUSED ABSENCE	EXL	- 7 hours	0 minutes	- 7 hours	0 minutes	7 hours	06/22/2021

Welcome Annabelle Suarez,							
Application Library		City Time					
Records 1-9 of 9		My Leave Balances as of 08-25-2021		PMS Balances		PMS Accrued	
Account Name	Leave Type	Est. Bal.	Fut. Reqs.	PMS Bal.	PMS Accrued	PMS Used	PMS Balance Updated...
STICK LEAVE	SLL	- 5 minutes	0 minutes	- 5 minutes	1990 hours 55 minu...	1991 hours	08/17/2021
ANNUAL LEAVE	ALL	8 hours 27 minutes	0 minutes	36 hours 27 minutes	4149 hours 15 minu...	4112 hours 48 minu...	08/18/2021
COMPENSATORY TIME	COL	0 minutes	0 minutes	0 minutes	7 hours	7 hours	08/29/2018
COMP TIME NON FL...	COL	6 hours 41 minutes	0 minutes	6 hours 41 minutes	1696 hours 20 minu...	1689 hours 39 minu...	11/16/2020
COMP TIME FLSA P...	COL	3 minutes	0 minutes	3 minutes	418 hours 38 minutes	418 hours 35 minutes	07/24/2019
HOLIDAY COMP TIME	COL	2 minutes	0 minutes	2 minutes	3 hours 45 minutes	3 hours 43 minutes	10/02/2018
LATENESS	LTL	0 minutes	0 minutes	0 minutes	0 minutes	0 minutes	03/17/2020
LEAVE USED FOR F...	OLL	- 28 hours 30 minutes	0 minutes	- 28 hours 30 minutes	0 minutes	28 hours 30 minutes	04/08/2021
EXCUSED ABSENCE	EXL	- 7 hours	0 minutes	- 7 hours	0 minutes	7 hours	06/22/2021

Press the "F11" key to toggle between "Full Screen" and "Normal" view.



Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

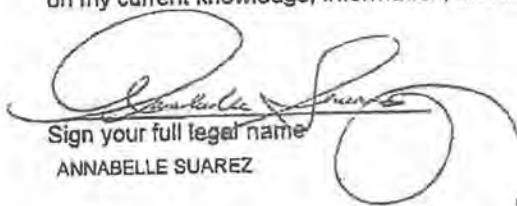
By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.(If you have another action pending and still wish to file, please contact our office to discuss.)

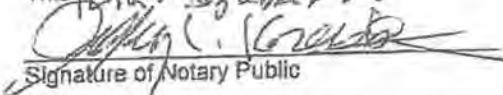
PLEASE INITIAL 

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name
ANNABELLE SUAREZ

Subscribed and sworn before me
This 10th day of September 2021



Signature of Notary Public

County: **Commission expires:**
JEFFREY L. KREISBERG
Notary Public-State of New York
No. 02KR4962731
Qualified in New York County
Commission Expires Feb. 26, 2022

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.